PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence including below or directed of tions.	for transmitting the ISSing the Patent, advance of herwise in Block I, by (UE FEE and PUBLICAT orders and notification of the specifying a new corresponding a new corresponding to the specifying a new corresponding to the specifical specifi	ON FEE (if requirement fees vispondence address	ired). B vill be r ; and/or	locks 1 through 5 s nailed to the current (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPOND	ree	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must					
46915	7590 11/20	0/2006	haiv	its own certificate	of mail	ing or transmission.	
KONRAD RA ATTN: INT77 315 SOUTH BE	l ho Stat addi tran	Certificate of Mailing or Transmission 1 hereby certify that this Fco(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
BEVERLY HIL	LS, CA 90212			•·····	<u> </u>		(Depositor's nume)
							(Signature)
							(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	MED INVENTOR ATTORNEY D		NEY DOCKET NO.	CONFIRMATION NO.	
10/747,921 12/29/2003			Francis R. Corrado	P17710 7061			
FITLE OF INVENTION	I: METHOD, SYSTEM,	AND PROGRAM FOR I	MANAGING DATA UPD	ATES			
APPUN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	02/20/2007
EXAM	liner	CLASS-SUBCLASS]				
ELMORE, REBA I 2189			711-114000	xo			
CFR 1.363). Change of corresp Address form PTO/SI "Fee Address" ind	ence address or indication ondence address (or Cha B/122) attached. lication (or "Fee Address or more recent) attach	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	oc)			
		ified below, no assignce pletion of this form is NO					ocument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY	_		•	
ENTEL CORPORA			S'ANTA CLAR				
lease check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 💢 Co	orporatio	on or other private gre	sup entity Government
la. The following fee(s) Issue Fee Publication Fee (N	No small entity discount	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 5.0-2585 (enclose an extra copy of this form).					
_ ~ ~	tus (from status indicate as SMALL ENTITY state		☐ b. Applicant is no lon	ger claiming SMA	LL ENT	TTY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee an nicrest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte	from anyone other than t	he applicant; a regi	istered a	ttorney or agent; or th	e assignce or other party in
Authorized Signature	1 / ///	Konny		Date	a0	107	
Typed or printed nam	e WILLIAM K	C. KONRAW		Registration ?	ło	28,868	· · · · · · · · · · · · · · · · · · ·
This collection of inform in application. Confiden submitting the complete his form and/or suggest	nation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this bu	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the	on is required to obtain or 1,14. This collection is est depending upon the individual Chief Information Office	etain a benefit by t imated to take 12 idual case. Any ec er, U.S. Patent and	the publi minutes omments Tradem	e which is to file (and to complete, including on the amount of the ark Office, U.S. Dep	i by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O.

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.